

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS, DEVICE AND SOFTWARE PACKAGE FOR LOCALLY DETERMINING THE SHAPE OF GEOLOGICAL HORIZONS
Attorney Docket Number::	0528-1136
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-CLAUDE  
Middle Name::  
Family Name:: DULAC  
Name Suffix::  
City of Residence:: SUGARLAND  
State or Province of  
Residence:: TEXAS  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing 2634 WILLIAMS GRANT  
Address::  
City of Mailing Address:: SUGARLAND  
State or Province of Mailing Address:: TEXAS  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 77479

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FABIEN  
Middle Name::  
Family Name:: BOSQUET  
Name Suffix::  
City of Residence:: HOUSTON  
State or Province of  
Residence:: TEXAS  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing 12823 ASHFORD PINE  
Address::  
City of Mailing Address:: HOUSTON

State or Province of Mailing Address:: TEXAS  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 77082

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: EMMANUEL  
Middle Name::  
Family Name:: LABRUNYE  
Name Suffix::  
City of Residence:: NANCY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 14 RUE CAMILLE MATHIS  
City of Mailing Address:: NANCY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-54000

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/001754 0	6/11/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/07598	6/19/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::